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ABSTRACT

This paper describes a module incorporated into the curriculum at Southern Illinois University School of Medicine. The module helps the medical students see how their own feelings are inevitably involved in the doctor/patient relationship. A distinction between sex and sexuality is made and discussed. Sex is used as a limited term referring to one's reproductive system and having to do with biology, anatomy and physiology. Sexuality is seen as a broader term referring to the fusion of sex with personal identity. A film, "Sex and the Professional," is shown and discussed. This serves as a catalyst for students to recognize their own feelings of sexuality regarding patients, and to share methods for handling them constructively. (Author)

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SEXUALITY IN THE DOCTOR/PATIENT RELATIONSHIP

Learning Module For Medical Students

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SEXUALITY IN THE DOCTOR/PATIENT RELATIONSHIP

Learning Module for Medical Students
By Caryl Moy (MSW) and Sue Wingrove (MA)

It is not news to the helping profession that medical schools are presently trying to incorporate sexuality learning into the curriculum. The University of Minnesota Medical School is well known for its Sexual Attitude Reassessment Programs where students are taught to become aware of their own values through a desensitizing process. At the medical school where I am one of the associate faculty, another program model has been incorporated for dealing with sexuality. In Family Practice and in Psychiatry, students are taught to diagnose and treat problems in sexual dysfunction and sexual deviancy. It is after students have studied this material that I teach the module on Sexuality in the Doctor/Patient Relationship - this is what I want to share with you today.

Before explaining the dynamics and content of this module, perhaps a little background on SIU School of Medicine would be useful. This is one of the newer medical schools in Illinois having graduated its charter class last June. It has a competency based curriculum in which the student knows what the learning objectives are and may satisfy these through a number of alternate learning modes that suits best his or her style. Students may take the time that is needed to accomplish the objectives. They attend their first year of classes, including the basic sciences, on the SIU campus in Carbondale, located in the southern part of the state. Their next two years, the clinical years of medical training, are conducted in Springfield, the State Capital, where the community hospitals, Memorial and St. John's serve as teaching theatres.

One of the joys of being on the faculty at SIU School of Medicine is the fact that we have a tremendous educational resources department. People in this department help us formulate learning objectives and help us convey on paper what we have created in our heads. They also help us become aware of the different objectives they see as important in the curriculum. It is the co-author of this paper, Sue Wingrove, whom I thank for this.

As will happen in the process of becoming a physician, under the guise of becoming more scientifically objective, many of our students have trained to deny their feelings about patients. Through the Medical Humanities Program, we try to help them see how their own feelings are inevitably involved in the Doctor/Patient relationship. It is my responsibility to help students focus on the fact that in any helping situation there exists some component of sexuality. What surprised me was that many of the medical students had a difficult time grasping this concept of sexuality in the Physician/Patient relationship. They have become so attuned to removing or denying all sexual feelings in their clinical experiences, that several students initially missed the purpose of this learning module completely. They had to recycle or remediate the module in order to both recognize and understand that there is always some kind of sexuality in that relationship. For these students, sex and sexuality held too similar a definition. I had to emphasize the difference in meaning. "Sex" is a limited term referring to one's reproductive system and "genital" behavior as male or female, having to do with biology, anatomy and physiology. It is a crucial element in one's "sexuality" - a given - that persons should accept with comfort, understand clearly, and employ responsibly and joyfully. "Sex", our creation "male and female", is good and should elicit good feelings

and open, wholesome attitudes. Equally, I emphasized the definition of "sexuality as a broader term referring to one's full personhood as male or female. "Sexuality" is the term that refers to the fusion of "sex" with personal identity. The entire sexual identity and psychic orientation of the individual is part of and dependent upon one's self-concept. After discussing these terms it was easier to understand how sexuality enters into the Physician/Patient relationship.

We began the small groups by acknowledging that if it were not for the white coat, an overt symbol of absolution of intention, that the vocabulary, the emotion, the expressions, the touching, could all be construed as sexual approaches. This was brought home, when prior to teaching this module, during the Psychiatry clerkship, we had a seminar including a panel of gay persons in the community. This is a source I'm sure many of you use to further understanding. They discussed their life styles for the medical students. Within the week one of the men had an emergency appointment in the family practice center because of a severe pain in the groin. The student physician assigned to his care was one of those in the seminar. For a proper evaluation, a rectal exam was needed. The interchange that occurred between them made both acknowledge their discomfort as well as the humor in the situation. The student physician asked in his pseudo-cool manner, "Do you prefer it lying down or standing up?" The gay patient answered, "Whichever is easier for you." The student physician acknowledged by asking, "Well, in which position would you be the most relaxed?" Had the white coat been off and the surroundings been the student's apartment, the intention in this communication would have been far different. This was a very vivid learning situation.

One of the goals of this module is to help the student become aware of the feelings a patient may have toward the physician in different clinical situations. A yound girl about to go through puberty, has a different reaction than her younger sister might, to the physician examining her without her mother present. The 7 year old boy who is about to have an appendectomy may be concerned about castration and the medical student is taught how to deal with this. The seductive patient, male or female, must be dealt with.

We introduced this module by showing the film "Sex and the Professional". The first part of this film, in particular, helps the student get in contact with the fact that it is ok to be aware that you are going to be fantasizing about the people you see in clinical situations when you are beginning your clinical years. This movie triggers uncomfortableness for some students because they are not used to having permission to share their feelings. After all, if one shows one's feelings about attitudes toward a patient, how risky is this? How unprofessional might I look if I acknowledge how a seductive patient really tested me out? The film, by acknowledging that this does happen, softens the impact of these incidents. The two or three students who were more comfortable with self-disclosure proved to be the catalysts for the group process and later other students were able to share how they have dealt with the especially attractive patients.

It was interesting to hear how the male students expressed a need to learn to control their feelings and help the patient control hers during a breast exam. Some shared that by describing throughout the breast exam exactly what they are doing, by talking about it, by making the exam an educational experience for the patient, tension is relieved for both the student physician and the patient. Handling the exam in this manner provides the

cloak of medicine that is needed in this situation. Some students had not thought of the technique as being useful for other than educational purposes and welcomed this sharing.

This permission to share feelings is what I consider the most positive outcome of the module. One student commented how he understood the pelvic exam was the greatest cause of stress for the student learning physical examination, but for him, more sexual implications and feelings were evoked while doing the breast exam and it was in the group discussion he found that this was a common reaction rather than unique to him.

Other students in the helping relationship acknowledged that when the patient and they appear to have similar sexual values, it is not so difficult to feel comfortable. If the patient is sloppy, smelly or extremely uncooperative or openly espouses a different sexual orientation they have a hard time not conveying rejection. Many students shared how they have tried to handle this situation, and seemed pleased with themselves that they can now handle this dissonance so much better.

Tom wrote, "I feel that homosexuality is wrong, thanks to my religious upbringing...but, I would never forcibly push my ideas on my patient. I would never attempt to dissuade a homosexual away from homosexuality. I guess I can't condone it, but at least I can tolerate it. I don't think I could have felt that a couple of years ago."

The evaluation for this module is an essay question in which they have been requested to write about the awarenesses they have gained from this experience and relate these new awarenesses to their own clinical situation. Topic choices are:

a) New personal feelings or awarenesses you may have developed regarding human sexuality in the Physician/Patient relationship.

b) Thoughts concerning how you might cope comfortably with difficult situations involving either the patient's sexual awareness or your own values and beliefs.

I acknowledge that several students who are "scientists", who are extremely well trained clinically, who have succeeded in "training" or denying their own feelings, could not respond satisfactorily to the essay questions at first. To remediate, they were asked to talk with me again and we discussed their feelings and experiences as they related to this module. The students who were so glad to be able to acknowledge and use their feelings in their patient care, answered the questions magnificently.

Tony stated, "In summary, it is normal for the doctor and the patient to experience sexual feelings in the Doctor/Patient relationship. I will not hide from such feelings but will recognize that I am having them, ask myself why I am having them, deal with them, and return to my objectivity. My office will never be my bedroom, but it will be a controlled environment with a definite element of sensitivity for my patients."

This is the emphasis that all of us in the helping profession can be made aware of as we are teaching about the helping relationship or using it professionally. As we are learning to be professionals, so often we tune out the fact that there may be some sexual feelings on the part of the patient, on the part of the client, on our own part. We need to learn how to use these feelings instead of denying them. If we can be helped to be aware of these values and feelings, only then can we honestly learn how to handle them. If we learn to handle them, then the helping relationship can be enhanced.

HUMAN SEXUALITY IN THE PHYSICIAN/PATIENT RELATIONSHIP

Rationale

Medical School training in human sexuality primarily focuses on the discussion of patient problems in human sexual response. The student/physician therefore may not have had the opportunity to examine his/her own personal feelings and comfortableness in dealing with encounters of a sexual nature in a clinical setting. In our society, the physician's office and examining room are the only environments where one person (the physician) has societal approval to ask questions, view and touch another person (the patient) often in a semi-nude or nude state. However, because of societal taboos governing sex-related activities, both participants must usually overcome at least some anxiety in this situation.

Becoming objective about human sexuality implies more than gaining knowledge about human sexual response. The student/physician must also become aware of any personal feelings and beliefs about human sexuality in order to better accept and deal with these potential biases in usual clinical situations. Each encounter in the physician's office can involve, both for the patient and the physician, a unique set of circumstances that can result in personal discomfort and anxiety and become an impediment to communication. When is a touch assuring? Which patient will interpret it as sexual? How does one handle a patient's expression of sexual attraction? How does the physician handle sexual attraction towards the patient?

This module is designed to provide the medical student with learning activities aimed at facilitating the development of insights into personal feelings about human sexuality. Such insights should enable the student/physician to become more effective in dealing with patients.

Objective

In the situations described below the physical and psychological aspects of the patient's sexuality are not explicit concerns, but the patient may exhibit behaviors or experience fears and anxieties which are grounded in sexual awareness.

Identify the ways in which conscious or unconscious sexual awareness on your part or the patient may affect the situation. Be aware of the ways in which you, as the physician, could lend support to the patient, assist the patient in becoming comfortable with his or her sexuality, and keep the lines of communication open between you and the patient.

a. 8-year-old boy with a urinary tract infection.
b. 12-year-old girl, first stay in hospital.
c. 50-year-old woman, obese, in office for diabetes check up.
d. 70-year-old man with prostrate trouble.
e. 40-year-old man in office for physical. Employer requires annual physical for employees over 40.
f. 25-year-old male or female on the make.
g. 40-year-old woman, in menopause; just widowed.
h. 22-year-old female, well proportioned physically with chronic rhinitis, who wants a thorough physical.
i. A homosexual patient of your sex with a urinary tract infection.

In considering these situations, do not neglect such things as the influence of family members or friends, your own age and appearance, societal norms or expectations.

Evaluation

The student will write a short(one page) essay on one or more of the following topics.

a. New personal feelings or awarenesses you may have developed regarding human sexuality in the physician/patient relationship.
b. Thoughts concerning how you might cope comfortably with difficult situations involving either the patient's sexual awareness or your own values, beliefs, etc.

Activities

1) View movie "Sex and the Professional" (time & place will be announced during MESH).

2) Attend assigned seminar discussion.